

## *The Ethics of Killing*\*

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This book is an important contribution to moral philosophy. With respect to the interest of its ideas, and the strength of its arguments, the level of quality is consistently high. Readers will struggle to follow the twists and turns of the discussion, not because it is badly presented or unnecessarily complex, but because it is difficult for us to think as deeply into the issues as McMahan himself does.

The book uses the method of testing moral views by appealing to our judgments about particular cases. It does not offer a justification for this methodology, but in my view it practises it in the right way. Usually the examples are ones where we do make confident judgments, rather than being as hard to assess as the ideas they are being used to test. Sometimes when this method is employed as soon as one principle has been questioned on the strength of an example the reader is presented with several alternative principles that might be able to account for our judgment, so that we must consider even more examples to decide between the new contending principles. But McMahan's discussions do not leave the reader with an uneasy feeling that no real progress is being made. Also he is not committed to always following our intuitive judgments. About some issues he thinks that we should hold a view even if it seriously conflicts with our intuitions. For example, he reacts in this way to the proposal that infanticide is not a seriously wrong act of killing, at least not if we assess it in terms of the interests and moral claims of the infant whose life is ended.

As its title indicates, the book discusses a wide range of issues concerned with killing and death. The main subjects are the badness of death (ch. 2), comparisons between the morality of death and killing in the case of people and in the case of animals (ch. 3), the ethics of abortion (ch. 4), and the ethics of euthanasia (ch. 5—the book does not discuss killing in self-defense or as punishment). The book is not unified by an allegiance to one moral theory, for example maximizing consequentialism or a moderate deontological view. This distinguishes it from much of the literature about these topics.

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\* Jeff McMahan, *The Ethics of Killing* (Oxford University Press, 2002).

As a result parts of the book—especially the discussion of abortion—count as excellent, stand-alone philosophical treatments of a particular moral issue.

However, this does not mean that the book lacks unity. There are some basic ideas whose influence is felt throughout the book. These ideas do not by themselves completely determine McMahan's conclusions in the case of any one moral issue, and in the case of some issues they do relatively little work in justifying his conclusions. Nevertheless, considering these ideas will bring out what is distinctive about the book even if it also leaves out much that is valuable.

One such idea is the moral importance of what McMahan calls "time-relative interests". This idea is intended to capture what would be in a person's best interest at some particular time. This is not to ask what would maximize the amount of good that the person would experience at that particular time. Rather, we consider the person at that time and ask from that point of view what would benefit him the most in the present and in the future. The aim is to determine the strength of the interest that he has *now* in experiencing that present and future good. McMahan thinks time-relative interests depend on two factors—the total amount of good that the person would receive, and the strength of the psychological connections holding between the person now and the person at the time at which the good will be experienced. Time-relative interests represent what McMahan calls the "egoistic concern" that it is reasonable for the person to have now for his own future good. This notion overlaps with the traditional conception of prudence and McMahan calls the relevant psychological connections the "prudential unity relations" inside a life.

McMahan departs from the traditional view of prudence by supposing that the strength of the reason I now have to achieve a future good depends on the psychological relations holding between me now and myself at the time the good will be realized. In particular the book discusses cases in which the prudential unity relations will be very weak indeed—for example, the psychological links holding between a fetus or a baby and the adult person that the fetus will eventually become. In these cases McMahan believes that the fetus's present time-relative interest in achieving that future good is very weak. He contends that time-relative interests constitute one very important moral reason when we are considering the badness of death, the ethics of abortion, and the treatment of elderly demented patients.

I will focus on the role of time-relative interests in *The Ethics of Killing*. McMahan himself raises some serious concerns about the moral significance of time-relative interests, and some of my comments will merely follow suggestions he has made. However, he remains committed to the usefulness and importance of the notion, and it is central to the discussion in many parts of the book.

The idea of time-relative interests will remind readers of similar views held by Derek Parfit.<sup>1</sup> McMahan acknowledges the influence, but there are significant differences. Parfit makes the strength of prudential concern depend on relations of psychological connectedness and continuity over a life because of his theory of personal identity. According to that theory these psychological connections are the facts in which the relation of identity consists. Given this claim, it is understandable why a weakening in these relations should be thought to justify a reduction in the prudential or egoistic concern that a person should feel for a future part of his life.

In the first chapter of the book (pp. 3-94) McMahan argues for a theory of personal identity, the “embodied mind” view, which differs importantly from Parfit’s. For McMahan the psychological relations do not constitute personal identity, although they are closely related to the facts in which identity does consist. McMahan thinks that the relations which do constitute identity can be present even when the psychological links are very weak, as in the marginal cases that he considers. This raises the question of why these psychological connections should have the importance for prudence that McMahan attributes to them if they do not constitute personal identity.

He answers the question by appealing to examples. He believes that if we consider examples in which these psychological connections are seriously impaired—especially the example he calls “The Cure” (pp. 77-78), in which the treatment for an otherwise fatal disease causes complete and permanent amnesia and a radical transformation of character and personality—we will feel that the person before such a profound change does not have a strong interest in the good and bad things that will happen to him after the change.

McMahan uses time-relative interests to explain the badness of death (pp. 95-188). We think that to die at the age of thirty is, other things being equal, worse than dying at the age of ninety. The apparent explanation of our judgment is that death at thirty deprives the person who dies of much more future good than death at ninety. This explanation appeals to what some call the “deprivation account” of the badness of death—the badness of a particular death is a function of the good that the victim would have enjoyed if the death had not occurred.

However, we also think that to die at the age of three months is less bad than to die at the age of thirty. Yet the death of the infant deprives that person of a greater amount of good than the death of the thirty-year old. So it seems that we must either reject the intuitive judgment about the relative badness of these two deaths or adopt a theory of the badness of death that goes beyond the deprivation view.

This is where McMahan invokes time-relative interests. The psychological connections that would hold between the baby and the rest of its life if the

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<sup>1</sup> Derek Parfit *Reasons and Persons* (Oxford: Oxford University Press, 1984) Part Three.

death had not occurred would be very tenuous indeed. If the child had lived to the age of seventy its lifetime would have contained a sizable total of good. But if we discount this good in proportion to the weakness of these psychological connections the three month old infant's time-relative interest in continuing to live in order to enjoy that good might be weaker than the time-relative interest of the thirty-year old in receiving the smaller amount of good that the remainder of his life would have contained.

McMahan proposes that we should measure the badness of the death of a person X at time T1 in terms of X's time-relative interest at T1 in living the rest of his life. A merit of the view is that it can apparently account for our intuitive judgments while holding to the deprivation view. What matters is still the future that the individual would have had, although we now assess that future from the point of the person's time-relative interest in that future at the time of death.

I will not challenge this proposal.<sup>2</sup> However, I will comment on some of the other ideas in McMahan's discussion of death.

McMahon considers another view about the badness of death called the "previous gain account" (pp. 136-145). It attempts to capture a different intuitive judgment about the comparative badness of different deaths. We feel that a death at thirty is worse than a death at sixty. But we may stick to this judgment even if we think that death has not deprived the thirty-year old of more future good than the sixty-year old. Suppose that if these deaths had not occurred when they did the thirty-year old would only have lived for an extra five years while the sixty-year old would have enjoyed another fifteen happy years. We can also suppose that time-relative interests are not a significant factor in this case, since both lives would have contained strong psychological connections if they had continued. We may still feel that the thirty-year old has suffered the worse fate, even if he has been deprived of less good by dying when he did.

The previous gain view explains this judgment by claiming that another factor in assessing a death is the amount of good that a life already contains when the death occurs. The sixty-year old has already experienced a large

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<sup>2</sup> Time-relative interests may not be the only way of explaining our reaction to the death of an infant. McMahan also suggests that we do not see the baby's death as a terrible misfortune because we do not recognize the baby as being a suitable subject for a harm or loss that is to count as tragic (pp. 162-163). This thought might not be perfectly clear, but it seems to be a point about the status of the baby, rather than a point about the strength of its interest in continuing to live. And it is not obviously connected to time-relative interests (although the baby's status might depend on its lack of mental development, which also explains the lack of strong psychological connections to its future self). So someone might suggest that we should measure the infant's loss in terms of its interests in the ordinary sense—that is, as a matter of *all* of the good it would have experienced in the future without discounting for diminished psychological connections. We do not regard this loss as being a very bad thing because of extra beliefs that we have about the status or importance of the being that suffers the loss.

amount of good by the time of his death while the thirty-year old has not. Just because the sixty-year old has already succeeded in living a good life, there is less reason to grieve when he dies.

The previous gain view seems to differ fundamentally from the deprivation view. In judging the badness of death it looks to the past, not to the future the person would have experienced if the death had not occurred. However, some of the points McMahan makes about the view do not fit this way of understanding it. He suggests that with respect to achievements the value that is added by a new achievement might be less if one's life already contains many achievements, or at least many achievements of the same sort as the new one (pp. 138-139). Mozart's 40<sup>th</sup> symphony might have been aesthetically equal to his 10<sup>th</sup> symphony, but the achievement of composing the 40<sup>th</sup> symphony might not have contributed as much value to Mozart's life as composing the 10<sup>th</sup> did.

Many readers will agree with McMahan's judgment about such cases. But this conclusion is perfectly compatible with the deprivation view. If A has composed 6 symphonies, and B has composed 20, and death deprives them both of the opportunity to complete one more, A has suffered more from death than B. An additional symphony composed by A would have had more value than an additional symphony composed by B. When we think in this way we are looking to the future good the person would have enjoyed if his life had continued, we are not judging the badness of his death on the basis of how good his life had been up to the time at which he did die. If we agree with McMahan's intuition we will think that the amount of good that the future would have contained can be influenced by facts about the person's past life. Previous gains matter, but they matter because of their effects on possible future good, not for their own sake. So McMahan's point seems to conflict with the previous gain view as it was initially explained.

I think the discussion does not make it clear what status McMahan awards in the end to the previous gain view. He uses time-relative interests in making his most distinctive claims about the badness of death, and that suggests loyalty to the deprivation approach. But it also leaves room for seeing the previous gains view as an additional factor that should be taken into account in judging the badness of a death. Perhaps McMahan simply rejects the previous gains view, and he offers the Mozart example as a way for the deprivation view to account for some of the examples that made the past gains view seem plausible.

In any case there is a reason for hesitating to take the previous gain view as an independent factor. We might feel that the thirty-year old has suffered a worse fate than the sixty-year old, even if his future did not contain the prospect of *any* significant good. But if he would not have received more benefits by living longer, it is not clear that we should see death as being responsible

for the misfortune that he has suffered. He seems to have been victimized by life, not by death. It might not be appropriate to take our judgment about his case as evidence for a particular account of the badness of death.

McMahan uses another idea in explaining the badness of death. In comparing the badness of the deaths of a baby and a young adult he appeals to the narrative unity of a life (pp. 174-198). The young person's life is well underway, and it is already aimed at a particular continuation. The young person has goals that she wishes to achieve and death prevents the realization of those goals. The same is not true of the infant. In a sense his life has not really begun, so there is no beginning that calls for a certain kind of ending. In the first case death frustrates narrative unity, and in the second case it does not. McMahan treats this as a reason for thinking that one death is worse than the other.

However, it is questionable whether narrative unity can help to account for the comparative judgment. It is a bad thing that an early death prevents the achievement of completed narrative unity in the young adult's life. But the infant dies without its life containing any narrative unity at all. And it seems that no narrative unity should be worse than interrupted narrative unity. On the face of it this seems to be a reason for counting the death of the baby as worse. It is true that because of the weakness of psychological connections the baby's time-relative interest in having a complete life with narrative unity might be weaker than the young adult's time-relative interest in completing the story of her life. But this would mean that the case for thinking that the adult's death is worse essentially depends on the point about psychological connections, and it does not receive independent support from considering narrative unity.

McMahan makes time-relative interests the most important idea in judging the badness of a death, but he does not think it has the same centrality with respect to the morality of killing. He recognizes that different kinds of moral reason are relevant to understanding the wrongness of killing—reasons that involve rights, a Kantian (in a broad sense) notion of the worth of a person, and considerations based on the supposed intrinsic value of a person and that person's life.

To over-simplify, time-relative interests are not central to explaining the wrongness of killing a person because if they were then it would be *more* wrong to kill a person with a strong time-relative interest in continuing to live, and McMahan does not think we would make this judgment. We think that killing is equally wrong in the case of all self-conscious and fully competent persons, regardless of the amount of future good that a longer life would hold in store for them. This objection would also apply to a view that tried to understand the wrongness of killing in terms of the person's interests

in the ordinary sense, even if this view did not give importance to psychological connections inside a life and to time-relative interests.

However, McMahan believes that in some cases time-relative interests *will* be the most important factor in assessing the wrongness of killing. This will be so when the individual who dies falls below the level of psychological development that is required in order to make moral considerations like rights and worth relevant. In McMahan's view such cases include the killing of animals, very young infants, and fetuses. Here we should look to the individual's time-relative interest in continuing to live to decide whether the act of killing is seriously wrong or permissible if certain conditions are satisfied.

The case he discusses most extensively is abortion, and considering it will help us to see how time-relative interests are intended to function as a moral reason. To begin with, in virtue of its primitive mental development (more specifically, the lack of self-consciousness) the fetus does not possess worth and should not be thought of as having rights. So if there is a strong objection against killing it, it will be grounded in the fact that abortion deprives the fetus of the good it would have received during the rest of its life.<sup>3</sup> In an ordinary case this would be a very significant amount of good, but for McMahan the crucial question is the time-relative interest that the fetus now possesses in acquiring that good. Because there would be virtually no significant psychological connections between the fetus and the adult person who would have experienced that good, McMahan concludes that there is no powerful moral reason against the abortion.

One question about his view is whether it is right to claim that there are no other moral reasons against abortion apart from the time-relative interest of the fetus. We might be willing to concede that the fetus is not a person and does not possess worth in the Kantian sense. But many have thought that it does have considerable moral importance in virtue of its potentiality to become a person. They would suggest that it possesses rights grounded on this potentiality, or at least that the potentiality means that it is a creature with significant intrinsic value (in the sense of having this value in itself and for its own sake), and that this value constitutes a strong moral reason against destroying it.

McMahan discusses the many complicated questions that arise about potentiality with insight and thoroughness (pp. 302-29). But I think that some readers will not be satisfied by an important step in his reply to arguments based on potentiality. McMahan believes that even if we were to grant that other difficulties in understanding the idea of potentiality can be sorted out, the central moral claim that the potentiality argument makes is simply

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<sup>3</sup> Because of his theory of personal identity, McMahan believes the fetus in late pregnancy should be regarded as being identical to the adult person it will eventually become. So the goods that the person will enjoy count as goods of the fetus.

mistaken. His view is revealed in the discussion of a supposedly analogous example on pp. 334-335. Suppose that we have discovered a canvas on which the artist has laid in the preliminary shapes and colours for a painting. As it stands what is on the canvas does not count as being beautiful, but when the artist returns and finishes his work it will become (in a way that preserves identity) a beautiful painting. Should we think that the canvas in its present state has a kind of value that would make it wrong to destroy it?

McMahan would say that the answer to this question is no. He would agree that if we destroy the canvas we will prevent a painting of great value from existing, and that is a reason not to destroy it. He expresses this reason by saying that the canvas in its present state has instrumental value. But destroying this canvas would not be equivalent to destroying a beautiful painting. The canvas is potentially something with aesthetic value, but it does not yet possess aesthetic value. There is not the same kind of value-based reason against its destruction that there would be against destroying a beautiful painting. Similarly, the fetus potentially has the qualities that give a person worth and would constitute a strong objection to killing that person. But this does not mean that it now has a value that grounds a strong objection against destroying it. Killing it will prevent something valuable from existing, but it is a mistake to think that it would be an offense against some existing value.

However, I suspect that the analogy might make the potentiality argument seem plausible rather than—as McMahan intends—implausible. I would say that the canvas in its initial state does have a value that counts against its destruction. Suppose that the canvas is essentially finished except that its colours, which are now garish, need three hours to set. When they have set it will be beautiful. The painting is not actually beautiful, it is merely potentially beautiful, but in this version of the example it takes very little for the potentiality to be realized. Is it plausible to say that the painting now has no value that speaks against destroying it, but in three hours it will have immense value that would make it wrong to destroy it? I think it is better to see the painting as already being a valuable thing (not just something with instrumental value) which should be preserved, where this value is explained by what it will become.

If this reading of the example is persuasive, it may be because the gap between potentiality and its actualization has been reduced to a bare minimum. The gap is no doubt much greater in the case of the potential of the fetus to become self-conscious. However, the example still seems to be relevant to understanding the logic of the potentiality argument. It seems to show that actual value can be based on the potential to acquire valuable characteristics.

McMahan emphasizes that there are problems about applying the time-relative interests view to abortion. We may agree that the fetus now possesses only a weak time-relative interest in enjoying the goods that it would receive if its life were to continue. But why should we grant that this fact about its present time-relative interests is the most important moral reason governing how the fetus should be treated? McMahan points out (*Prenatal Harm*, pp. 280-88) that we would think it was wrong to inject the fetus with a drug that would result in its experiencing a severe harm twenty years later when it was an adult. Yet the fetus's present time-relative interest in avoiding that future harm would presumably also be very weak. This case might seem to suggest that we are influenced by something other than time-relative interests when we decide how the fetus is to be treated. Perhaps we are guided by what would give the individual the best life overall, regardless of its current time-relative interest in its future life. If we have displaced the centrality of time-relative interests in deciding how to treat the fetus, we have undermined McMahan's main defense of abortion.

McMahan suggests that we can accommodate the example of the delayed harm while still thinking in terms of time-relative interests. The person the fetus will become will have a very strong time-relative interest in not suffering the harm at the time at which the harm would eventuate. So we can say that in deciding not to inject the fetus with the drug we are responding to the reason provided by this strong future time-relative interest, not the reason provided by the weak time-relative interest that the fetus currently possesses. The example does not show that we must think about the individual's interests in the traditional sense instead of thinking about time-relative interests.<sup>4</sup>

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<sup>4</sup> McMahan is more concerned by a variant of the example in which the drug causes the fetus to have a handicap in later life (pp. 294-302). He supposes that the adult person will adapt to the handicap in the sense of preferring his life with the handicap to the life that he could have lead without it. McMahan thinks that injecting the drug is wrong, but because of the adaptation the fetus's future time-relative interests do not explain why it is wrong, presumably because in McMahan's view those interests will favour the life with the handicap. He suspects that to explain our conclusion we must think simply about the person's interest in living the life that would be best overall, rather than thinking in terms of time-relative interests. So McMahan is troubled by the fact that we do not use the time-relative interest approach in this case, although it is hard to see an explanation of why that approach is inappropriate here but appropriate in the other examples.

However, I am not sure why McMahan is confident that thinking in terms of overall interests and thinking in terms of time-relative interests will come apart over this example. In supposing that we will object to injecting the drug if we think in terms of the person's overall best interest he must also be supposing that there is a kind of objectivity in the notion of interests that can override the person's preference for his actual life in determining which life would be best for him. Why could there not be a similar objectivity in the notion of time-relative interests that would also be capable of overriding the person's explicit preference? A difference with respect to objectivity did not seem to be part of the original distinction between simple interests and time-relative interests.

However, responding to the objection in this way has a price. If we say that what matters are both the fetus's present time-relative interests and its future time-relative interests it may seem that we are abandoning what is distinctive about the time-relative interests approach. In most examples—including the case of prenatal harm—there will be very little difference between appealing to both present and future time-relative interests on the one hand as opposed to appealing to interests in the traditional sense on the other hand. The two views will lead to the same conclusions in these cases. The appeal to time-relative interests initially seemed to have strong and distinctive consequences just because the appeal isolated the fetus from the goods and evils that would be part of its future life. If we decide that its future time-relative interests are equally relevant to how it should be treated now this distinctive effect might be lost.

To return to the case of abortion, McMahan thinks that the fetus only has a weak time-relative interest in continuing to live. The prenatal harm example shows that we must consider future time-relative interests, not just present time-relative interests. But what is special about abortion is that if the abortion is performed then the fetus will never live to develop at some future time a strong time-relative interest in continuing to live. So its future time-relative interests do not generate a serious objection to abortion. Since the fetus's current time-relative interests generate only a weak objection, McMahan's conclusion seems to stand.

It is a measure of the quality, and the honesty, of the book that McMahan is far from being completely satisfied by this defense of one of his most important ideas. Later in the book the question is re-opened. McMahan points out that the view he has defended involves an asymmetry (see especially p. 300 and pp. 489-493). The asymmetry seems to fit our intuitions, and many other moral views involve something like the same asymmetry. Nevertheless, McMahan thinks that it is worrying that we are unable to find a satisfying justification for the asymmetry. When we consider the fetus harms and evils in its future do seem to matter. We would think it was wrong to allow it to be born if its life would be full of suffering. So those potential future harms provide a strong reason not to permit its life to continue, and the reason bears on the decision about abortion. But benefits or goods in its future do not seem to matter in the same way. We would not think that it would be wrong to abort the fetus even if its future life would be filled with important goods. Apparently those potential future goods do not provide a strong moral reason for allowing it to be born, and they do not bear on the decision about abortion. Our intuitions seem to support these judgments, but it may also seem that if the possible future harms provide a reason against allowing it to be born, the possible future goods should provide a reason in favour of allowing it to be born. At least we want an explanation of why they do not.

Moreover, McMahan also points out that if the fetus's future life would contain some serious harms but more important goods that outweighed those harms we would not think that it would be wrong to allow the fetus to be born. So with respect to this choice the possible future goods do seem to have force as reasons. If they did not have force then the possible future harms would provide the only relevant future considerations and we would think that all things considered it was wrong to permit the fetus to be born. Apparently our intuitions tell us that the future goods matter in one choice about abortion but not in the other.

McMahan agrees that it is a serious concern that we cannot find an explanatory idea that shows why these distinctions are reasonably drawn. But the view of abortion that he has constructed on the basis of time-relative interests inherits this problem since it only leads to McMahan's conclusions if we do accept the asymmetry. The problem is not solved simply by thinking in terms of future time-relative interests as well as present time-relative interests.

Even if we are willing to accept the asymmetry this might be a fundamental difficulty for McMahan's view. Let us suppose that we do find some satisfying account of the asymmetry that explains our intuitive judgments. Still, this account will not be based on the idea of time-relative interests. It will be given by some other idea. So arguably the real justification for McMahan's conclusions about abortion will come from that idea, not from his proposal that we should think in terms of time-relative interests. Once we have discovered the best account of the asymmetry it may turn out that it is neither necessary nor helpful to focus specifically on time-relative interests when we think about the morality of abortion.

Time-relative interests are also prominent in the final section of the book, "The Withering Away of the Self" (pp. 493-503). McMahan discusses some difficult questions about the treatment of Alzheimer's patients.

Some writers believe that patients afflicted by moderate and severe forms of Alzheimer's disease lack any capacity for autonomy in their current state. They also do not possess the most important kind of interests, interests which involve desiring something because you think it is valuable or good. Consequently we should see them as still being governed by their past interests and their past autonomous preferences, the preferences and interests that they had before the disease struck. If the person previously had an autonomous preference that his life should end quickly if he became demented, and if he believed then that his life as a whole would be better were this to happen, then these wishes should determine whether he now receives treatment for a disease that would otherwise lead to a painless death. The treatment should

not be provided even if he seems contented in his demented state and (in some sense) seems to want to go on living.<sup>5</sup>

Understandably this conclusion is controversial. Other writers contend (at least about moderate forms of the disease) that these patients are still capable of making some autonomous choices and endorsing some values, despite the cognitive damage the disease has caused. Arguably the demented patient might now have new values that speak in favour of continuing to live. If so there is a conflict between the person's old and new interests, and a change in his will. We cannot just assume that we should look to his old interests and his old autonomous will to decide how to treat him now. These writers are at least tempted to think that his new values should determine whether he receives the treatment for the disease.<sup>6</sup>

This debate is partly about which choice would make the patient's complete life better overall. McMahan is speaking to the same issues, but he approaches them in a significantly different way.

McMahan emphasizes the lack of strong psychological connections between the patient before the disease (Po—the original person) and the patient after the disease (Pd—the demented person). He agrees with common sense that in these cases personal identity is preserved. But there is a radical weakening in the prudential unity relations inside the patient's life. And for McMahan it is those relations, not identity itself, which matter most for the application of notions like goods, interests, and autonomy. In virtue of the lack of psychological connections he sees the problem as being analogous to choosing between the goods of two separate and distinct people. It is clear what would be best for Po—an early death for Pd, in virtue of Po's deeply held interests. And it is clear what would be best for Pd—a continuation of Pd's pleasant existence. The problem is to decide between these two goods.

I will call McMahan's proposal the "two goods" approach. It is undeniable that there is much less psychological continuity across the lifetime of the person whose life ends in moderate or extreme Alzheimer's disease than in an ordinary lifetime. However, it is not clear that the difference is enough to undermine our applying these moral concepts in the standard way. Some accounts of Alzheimer's patients emphasize that their lives can contain a great deal of psychological continuity in terms of character, desires, and personality traits even if there are also (for example) striking gaps in memory. We should be cautious before deciding that our choice about the Alzheimer's

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<sup>5</sup> This is a rough description of Ronald Dworkin's view in *Life's Dominion* (New York: Alfred A. Knopf, 1993) chapter 8.

<sup>6</sup> For views of this sort see Agnieszka Jaworska "Respecting the Margins of Agency: Alzheimer's Patients and the Capacity to Value" *Philosophy & Public Affairs* 28: 105-38 (1999) and Seana Shiffrin "Autonomy, Beneficence, and the Permanently Disabled" in J. Burley (ed.) *Dworkin and His Critics* (Oxford: Blackwell, 2004) pp. 195-217.

sufferer is strongly analogous to a choice between the different and sometimes partially conflicting goods of two different people.

McMahan's final conclusion differs from what we might expect from a view that supposes that the case involves two largely separate goods, what is best for Po and what is best for Pd. Since we are faced with making a decision about Pd—whether or not to prolong her life in her current condition—we might think that it is the good or the interests of Pd that should determine our choice. But McMahan contends that we must weigh the person's present good against her good at the time before the illness harmed her. He thinks that the contribution made by implementing her prior wish to the good of Po would be greater than the contribution made to the good of Pd by extending her life.

It seems to me that after analysing the choice in the two goods way McMahan does not make a compelling case that it is the good of Po that should win out.

He points out that most of the person's life was lived before the onset of the disease, and that during this period the person was at her best, with all of her faculties intact. This is true, but it does not show that Po has more at stake in our choice about providing medical treatment than Pd. He also suggests that the good that Pd could realize if her life were to continue is strictly limited. The disease prevents her from enjoying many very important goods. It also means that the remainder of her life will lack internal unity and development. We may find these points persuasive. But it is also the case that these are the only goods that Pd can enjoy, and a decision not to provide medical treatment will end the possibility of her experiencing any goods at all by ending her life.

McMahan appeals to the weakened psychological connections between the patient before the disease and the patient after the disease to explain why the good of Pd is isolated from her prior interests before the disease struck. This is why he thinks those interests do not make it in Pd's interest that her life should end. However, the isolating effect should work in both directions. The weaker psychological connections should also reduce the harm done to the good of Po if the patient's life is extended.

McMahan appears to think that the harm done by extending Pd's life is suffered by the person before the disease struck, that is, the harm should be temporally located at an earlier time in the person's life and should be understood as a harm suffered by Po rather than Pd. He suggests that the dementia has the effect of reducing the value of the life the person had already lived before she became demented. However, even if we are willing to think about the good of Po in this way, it is questionable how important the worsening of the life that Po has already lived will be. Would it really justify allowing Pd to die to prevent this harm to Po?

On McMahan's view the interests of Po only have force for determining the good of Po, not for determining the good of Pd. But if those earlier interests were simply supplanted or replaced by new interests as a result of the dementia, I am not sure why we should think that the fact that Pd's life frustrates those interests should be a matter of great concern. If I have a goal or interest focussed on some future time, and I abandon the goal before that time arrives so that the goal is not accomplished at the appropriate time, we would not say that I have promoted my present interest by not accomplishing the goal but I have also caused a significant harm to myself which is temporally located in the past at a time when I still endorsed that goal. Because I changed my mind about the goal and it was replaced by other goals, we do not think that I inflicted a harm on myself in the past by not accomplishing it. So why should we say something like this about the Alzheimer's patient if we believe that the force of the old interest ended when the disease began?

By contrast, it would help to support McMahan's final conclusion if we emphasize that, unlike the case of an ordinary change in mind, the Alzheimer's patient never did reconsider and abandon that goal. She did not change her mind, the disease altered her mind by destroying her ability to think in terms of that goal. Because of this history it is arguable that the goal still has force for the part of her life when she is demented. However, if we make this claim we are moving away from the two goods view. I suspect that McMahan could make a stronger case for his conclusion if he abandoned the two separate goods account and argued directly that the patient's past interests have not been supplanted, and should compete with the new interests she has acquired since the disease.<sup>7</sup>

My comments have concentrated on one aspect of a complex and rewarding book. They attempt to raise questions about some of the book's ideas. I think that is the appropriate response to a book that is itself filled with arguments, but unfortunately it cannot reflect how much I and the book's other readers will learn from McMahan's work. I hope my questions are at least not foolish, but I am very conscious that they do not do justice to the views and arguments they are a commentary on.

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If the Alzheimer's patient does wish to go on living then I think that her wish should be respected. However, this is a matter of respecting her autonomy, and it may not be what is in her best interest. If her will has changed then autonomy asks us to respect her current will, even if the change is explained by the disease. McMahan's discussion does not say as much as it should about autonomy.